

## ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE

Office of Vernita C. Williams, Esq., P.A.  
6625 Miami Lakes Drive, 3rd Floor  
Miami Lakes, Florida 33014  
Phone: (305)477-1191 Fax: (305) 477-9061  
e-mail: vcwoflsb@aol.com

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

### Client Information

Legal name: \_\_\_\_\_

first

middle

last

List all prior legal names \_\_\_\_\_

List all other names used \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Place of birth: \_\_\_\_\_  
city state country

Social Security number: \_\_\_/\_\_\_/\_\_\_

U.S. citizen: Yes \_\_\_ No \_\_\_ Florida resident: Yes \_\_\_ No \_\_\_

Permanent address: \_\_\_\_\_

street address city state zip code County

Do you claim Florida homestead exemption? Yes \_\_\_ No \_\_\_

Telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital status single / married / divorced / separated / widowed

Marital history :Have you ever been divorced or widowed? Yes \_\_\_ No \_\_\_



Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Children # \_\_\_\_\_ Telephone #: \_\_\_\_\_

3. Legal name: \_\_\_\_\_  
first middle last

Current address: \_\_\_\_\_  
street address city state zip

Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Children # \_\_\_\_\_ Telephone #: \_\_\_\_\_

4. Legal name: \_\_\_\_\_  
first middle last

Current address: \_\_\_\_\_  
street address city state zip

Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Children # \_\_\_\_\_ Telephone #: \_\_\_\_\_

Has any child predeceased you ? YES/NO Did they have children YES/NO

**Information for your will or trust / Fiduciaries / Personal Representative**

Who do you want to nominate as the “personal representative” or the executor of your estate? Married people often select their spouse. Please note that under Florida law, if the personal representative is not related to you, or the spouse of someone related to you, he or she must be a Florida resident. You may also select “joint” personal representatives or a “corporate” personal representative (e.g., bank or trust company).

**Personal Representative**

Legal name: \_\_\_\_\_  
first middle initial last

Current address: \_\_\_\_\_  
street address city state zip county

Relationship to you: \_\_\_\_\_

### Alternate Personal Representative

Legal name: \_\_\_\_\_  
first middle initial last

Current address: \_\_\_\_\_  
street address city state zip county

Relationship to you: \_\_\_\_\_

Some probate judges will allow the personal representative to serve without having to post a bond if the decedent's will waives the bond requirement. Other judges refuse to allow a waiver because of concerns about protecting estate creditors and beneficiaries from misfeasance or nonfeasance. Do you want your personal representative or alternate to be required post a bond (which is paid by your estate) to be able to serve? Yes \_\_\_\_ No \_\_\_\_\_

### Trustee

If you are considering establishing a trust during your life or after your death for a spouse, child, grandchild, parent or another person or charity (especially to avoid payment of large sums of money to a beneficiary at one time, or prior to a beneficiary attaining a certain age, or for a specific purpose), whom do you want to nominate as the trustee? You may also select "co-trustees" or a "corporate" trustee (e.g., bank or trust company).

Legal name: \_\_\_\_\_  
first middle initial last

Current address: \_\_\_\_\_  
street address city state zip county

Relationship to you: \_\_\_\_\_

### Alternate Trustee

Legal name: \_\_\_\_\_  
first middle initial last

Current address: \_\_\_\_\_  
street address city state zip county

Relationship to you: \_\_\_\_\_

Do you want your trustee or alternate to be required to post a bond (which is paid from the trust assets) to be able to serve? Yes \_\_\_\_ No \_\_

### **Guardians**

If you have any children who are minors, a guardian should be named in your will to care for their person and to manage their property until they attain 18 years of age in the event of the death of both parents. You may nominate "joint" guardians. You may also nominate separate guardians for a child, that is, a "guardian of the person" and a "guardian of the property" especially if a proposed guardian may not be suitable for handling a child's property and finances. A guardian of the property could include a "corporate" guardian or corporate co-guardian. Please note that under Florida law, if the person you nominate as guardian is not related to the child, he or she must be a Florida resident to be appointed.

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

### **Alternate Guardian**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

### **Specific bequests**

List any specific items (e.g., automobiles, jewelry, personal effects, etc.) or specific amounts of money that you wish to leave to one or more beneficiaries. If you have a large number of items of “tangible personal property” that you want to give to several persons, you may want to consider having a “separate writing” prepared.

<u>Item or Amount</u>	<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>

If a beneficiary of a specific bequest does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

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### **Residue**

After paying expenses of administration and any debts and taxes, and after distributing any specific bequests, a residue may remain. State who should receive the residue and in what amount or percent.

<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>	<u>Percentage or Amount</u>

If a residuary beneficiary does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

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### Trusts

If you are considering establishing one or more trusts during your life or after your death, describe some of the general provisions you think are important.

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### Additional information

Use this space to provide any additional information concerning your testamentary intentions.

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### Miscellaneous

Do you currently have: (If yes to any please attach signed copies with any codicils or amendments).

A "will" or "revocable living trust"? Yes \_\_\_ No \_\_\_\_\_

A "durable power of attorney"? Yes \_\_\_ No \_\_\_\_\_

Any "living will documents"? Yes \_\_\_ No \_\_\_\_\_

#### **If you want:**

1. Any of your **organs donated** at your death, state: the specific organs (or allow any usable):  
any limitations on their use (or allow any purpose): \_\_\_\_\_
2. A specific **disposition of your remains** (e.g., cremation, burial at specific cemetery, etc.),  
specify the disposition: \_\_\_\_\_
3. A **Durable power of attorney** (i.e., a document authorizing another person to control your  
assets on your behalf and for your benefit),

Effective date of Power:    \_\_\_ immediately  
                                  \_\_\_ if a specific date, specify date \_\_\_/\_\_\_/\_\_\_  
                                  \_\_\_ only if I am unavailable  
                                  \_\_\_ only if I become mentally or physically incapacitated

Legal name: \_\_\_\_\_  
                  first                                   middle initial                                   last

Current address: \_\_\_\_\_  
                                  street address                                   city                                   state                                   zip    county

Phone Numbers: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Alternate Agent**

Legal name: \_\_\_\_\_  
                  first                                   middle initial                                   last

Current address: \_\_\_\_\_  
                                  street address                                   city                                   state                                   zip    county

Phone Numbers: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

4. Any **living will documents** (i.e., documents authorizing another person to carry out your wishes in the event you are unable to communicate your decisions concerning extending, withholding or withdrawing life-prolonging procedures under certain legally-permissible circumstances), state:

**Health care surrogate**

Legal name: \_\_\_\_\_  
                  first                                   middle initial                                   last

Current address: \_\_\_\_\_  
                                  street address                                   city                                   state                                   zip    code

Relationship to you: \_\_\_\_\_

Telephone numbers: Home \_\_\_\_\_                                   Work \_\_\_\_\_



**Alternate health care surrogate**

**Legal name:** \_\_\_\_\_  
                            first  middle initial  last

**Current address:** \_\_\_\_\_  
  street address                            city  state                            zip code

**Relationship to you:** \_\_\_\_\_

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_

**Summary of Assets and Liabilities**

Note: The following is a financial summary for estate and tax planning purposes. Further detailed information and copies of documents concerning particular assets and liabilities may be requested. **In addition to completing this summary, please provide a current financial statement.**

### Assets

Please state the estimated value of all assets you own or in which you have any interest (either individually or jointly or that are held in trust for your benefit). Concerning each category, indicate total values for each form of ownership without deducting any mortgage or debt. If you own an asset individually that is “payable on death” to a named beneficiary (e.g., a bank account, IRA or other retirement account, annuity, etc.), please provide a copy of the supporting documents.

	<b>Client (only)</b>	<b>Jointly with Spouse</b>	<b>Jointly with Others</b>	<b>Total</b>
Homestead				
Other real property				
Bank accounts, certificates of deposit and money market funds				
Stocks, bonds and mutual funds				
Businesses in which you own an interest (e.g., as sole proprietor, partner, shareholder, member)				
Receivables <u>paid to you</u> (e.g., mortgage note, promissory note)				
Cash value ( <u>not death benefit</u> ) of life insurance you own				
Household furniture, furnishings and appliances				
Motor vehicles				
Jewelry, art objects, antiques, collections and other valuable personal property				
Retirement accounts (e.g., qualified plan, IRA - do not include social security benefits)				
Annuities				
Miscellaneous other property not included above				
Trusts in which you are a beneficiary				
Total assets:				

**Liabilities**

	<b>Client (only)</b>	<b>Jointly with Spouse</b>	<b>Jointly with Others</b>	<b>Total</b>
Mortgage(s) on homestead Mortgage(s) on other real property				
Personal or unsecured debts you owe to others				
Other significant debts, liabilities and judgments				
Total liabilities:				

**Net Worth**

Your total Assets less your total Liabilities: \$\_\_\_\_\_

**Lifetime Gifts**

Have you ever made one or more gifts the total value of which were over \$10,000 to any one person in any year? Yes\_\_\_\_ No\_\_\_\_\_

Have you ever filed a federal Gift Tax Return (i.e., IRS Form 709)? Yes\_\_\_\_ No\_\_\_\_\_

If yes, please attach a copy.

**Life Insurance**

List all life insurance policies insuring your life.

Amount of death benefit	Type of policy (e.g. term, whole life)	Beneficiary	Owner	Company
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Please provide the name, address and telephone number of your:

Name

Address

Telephone number

Accountant: \_\_\_\_\_

Investment broker: \_\_\_\_\_

Insurance agent: \_\_\_\_\_

Financial planner: \_\_\_\_\_

Banker: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Client

Whom may I thank for the referral? \_\_\_\_\_

PROPOSED ESTATE PLAN

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